

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO. <u>10/022,799</u>	FILED DATE				
APPLICANT(S)						CLAIMS					
SERVICES		INTEREST		INTEREST		TOTAL		TOTAL		TOTAL	
NO	DEP	NO	DEP	NO	DEP	NO	DEP	NO	DEP	NO	DEP
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TOTAL NO.	2							TOTAL NO.			
TOTAL DEP.	26							TOTAL DEP.			
TOTAL CLAIMS	28							TOTAL CLAIMS			